

## Plan Year 2017 Retiree/ Direct Bill NON Medicare Options Comparison Chart

### Monthly Premiums for Plan A, Surency Vision and Delta Dental

Coverage Choice	Medical		Surency Vision		Delta Dental
	Aetna	BCBS of Kansas	Basic	Enhanced	
1	\$1,083.95	\$975.69	\$3.96	\$7.79	\$34.48
2	\$2,256.00	\$2,033.30	\$7.75	\$15.37	\$77.58
3	\$1,936.66	\$1,745.19	\$7.00	\$13.86	\$86.20
4	\$3,213.94	\$2,897.67	\$10.81	\$21.49	\$137.94

### Monthly Premiums for Plan C, High Deductible Health Plan ONLY, Surency Vision and Delta Dental

Coverage Choice	Medical		Surency Vision		Delta Dental
	Aetna	BCBS of Kansas	Basic	Enhanced	
1	\$799.41	\$720.23	\$3.96	\$7.79	\$34.48
2	\$1,722.07	\$1,552.52	\$7.75	\$15.37	\$77.58
3	\$1,456.59	\$1,313.19	\$7.00	\$13.86	\$86.20
4	\$2,517.11	\$2,270.40	\$10.81	\$21.49	\$137.94

#### Coverage Choice Codes Key

1-Member Only 2-Member and Spouse Only 3-Member and Child(ren)  
4-Member, Spouse and Child(ren)

**IMPORTANT REMINDERS:** The premiums provided for vision and dental coverage above are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.